FEDERAL COUNSEL¹/CO-COUNSEL² PROGRAM ATTORNEY'S EXPRESSION OF INTEREST IN PRO SE CIVIL CASES

NAME:							
First		Middle	Las	st			
BUSINESS ADDI	RESS:						
TELEDUONE. (`	Street	City EAV. (State	Zip Code	
TELEPHONE: ()	Office	FAX: ()		
()	Office	E-mail address:				
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Please list the best	t place	and time					
to contact you:							
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			I have practiced l	aw less	than five (5	5) years.	
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Do you have malp	ractice	insurance	e? Yes		No		
Data of admission	. h . f	IIC Dia	twist Count of Col.				
Date of admission	before	U.S. D18	trict Court of Cold	orado:			
I have experience/	intoros	t in the fo	llowing orong:				
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I speak the follow	ing for	eign lang	uage(s):				
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Date:		_					
			Signature	of Appl	ıcant		
Information Desi		Count					
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¹Counsel indicates an attorney who has practiced more than five (5) years.

 $^{^2\}mbox{Co-Counsel}$ indicates an attorney who has practiced law less than five (5) years.

Your Expression of Interest will be kept on file awaiting direction from the Court to locate counsel. At such time, on an equitable basis among all applicants, you will be contacted and asked to accept the civil case of a *pro se* litigant. Please feel free to request an opportunity to review the file and/or contact the client prior to accepting the case.

Upon your acceptance of the case, the Court will provide you with a copy of the file. The Court will also inform your client of your acceptance of the case. The Court asks that you promptly call the client to arrange a meeting. You will also receive information from the Faculty of Federal Advocates regarding assistance they provide to counsel and co-counsel in *pro se* civil cases. Please enter your appearance within ten (10) days of your acceptance of the case.

Please note there are no Court funds available to pay for discovery, witnesses, in-house copying, or other fees. The filing and services fees may be waived, but there is no statutory authority to pay for any other expenses. The FFA may have funds available to help cover out-of-pocket expenses. Further information will be made available to you upon your acceptance of this case.

The Court expresses, in advance, its appreciation for your willingness to provide this public service.

Please Return Completed Form to: Mentor Program Coordinator, Clerk's Office

Alfred A. Arraj U.S. Courthouse 901 19th Street, Room A240 Denver, Colorado 80294-3589

Phone (303) 335-2139 Fax (303) 335-2375